# Annan Court
# Care Home Service

Watchhall
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**Type of inspection:**
Unannounced

**Completed on:**
11 December 2024

**Service provided by:**
Annan Court Care Home Limited

**Service provider number:**
SP2012011825

**Service no:**
CS2012308063

## About the service

Annan Court care home is registered to provide a service for a maximum of 33 people aged 55 years and above. The provider is Annan Court Care Home Limited (Advinia Care Homes Limited).

Annan Court care home is situated on the outskirts of Annan, between Dumfries and Gretna.

The bedrooms have ensuite toilet and sink, and two rooms have ensuite wet rooms. A large lounge area is situated in the middle of the home with expansive panoramic views across the countryside down to the Solway Firth.

There is a separate dining room and an enclosed central garden area. The home has several smaller sitting rooms and quiet rooms that were well presented and nicely decorated for the up coming Christmas and New Year festivities.

## About the inspection

This was an unannounced inspection which took place on 10 and 11 December 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 12 people using the service and eight of their relatives
- Spoke with 15 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

## Key messages

- There was a high level of staff turnover within the service.
- Feedback from residents and relatives was positive and appreciative of staff who they described as caring and kind.
- A temporary management structure was in place pending implementation of a more permanent and consistent management team.
- The environment had considerable potential, with some nicely presented areas within the home, but some refurbishment was required including the garden areas.
- Maintenance checks and servicing requirements were well organised and maintained by a dedicated and competent person.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

| | |
|---|---|
| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 3 - Adequate |
| How good is our setting? | 4 - Good |
| How well is our care and support planned? | 3 - Adequate |

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We observed staff to be caring, kind and compassionate in their interactions with people living in the care home. We saw examples of kind, caring approaches and the feedback from people we spoke with and their relatives supported this.

However, everyone we spoke to commented on the staff turnover and changes to management having a potential negative impact on the quality of the care and support provided. This created uncertainty and worry for people and their families. (See Area for improvement 1)

During this inspection the provider's senior management team were visiting the home to meet with residents and their relatives to provide reassurance that they were aware of these issues and the potential negative impact. (See Area for Improvement 2)

Individual care records evidenced that there was good contact with local health care professionals. We saw that they were called promptly for advice and support when there was any change in people's health needs. The outcomes of advice and changes to treatment were reflected in care plans. Changes in people's health were discussed at shift handover and daily meetings. Family members commented that staff kept them up to date with any changes in their relative's health. This provided assurance that individual health needs were being monitored.

We spoke to visiting community nursing professionals, who provided some good feedback about the qualities of the care staff and how they kept them informed of people's changing health needs. They also expressed concern regarding the turnover of staff and changes to management impacting on their confidence in maintaining good standards of care. We saw that recent reviews had been undertaken and individuals and their families were involved in these processes.

Personal plans were up to date which helped to guide staff about the agreed care for the person and ensured a consistent approach. Risk assessments were up to date and reflected in the plans of care. This helped to safeguard people from harm.

We observed mealtimes and saw that staff were aware of people's dietary needs and offered choices of food and drink. We received some some positive comments about the quality of the food. However, the quality of the mealtime experience could be improved. We discussed the need to review and monitor staff deployment and organisation during mealtimes. (See Area for Improvement 3)

### Areas for improvement

1.
People living in the care home and their relatives and friends should have regular and meaningful opportunities to provide their views on the service they receive so that any improvements can be identified and acted upon. If relatives or representatives cannot attend meetings, the manager should ensure opportunities are made available either when visiting or by other means of communication to ensure people feel able to contribute their views and opinions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7).

2. The service provider should enhance the activity staffing to enable the development and provision of a range of meaningful activities to everyone throughout the home. This should also include developing links within the local community.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities, every day, both indoors and outdoors' (HSCS 1.25) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

3. To support people's health and wellbeing, the provider should continue to ensure that the quality of people's mealtime experiences is consistent across the different dining areas of the home and is well maintained.

This should include, but is not limited to, regular observations of practice with evidence of action plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35) and 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

## How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The provider had implemented an interim management structure including a new acting manager who was being supported by managers from the provider's other care homes. Feedback that we received from people living in the care home, relatives and staff regarding this was mixed, with some saying this was a positive move and others expressing uncertainty. The provider should support and develop the management of the care home to ensure that they have the right resources and tools to do their jobs effectively.

During our interactions with the management of the care home including several directors from the provider organisation, we found them to be open about recent challenges. They demonstrated commitment in ensuring that there was consistent and effective management of the care home. (See Requirement 1)

During our inspection visits the management and directors from the provider organisation had arranged meetings with the people in the care home, their relatives and the care staff. This helped to provide updated information regarding their actions in response to the current situation. This also gave the opportunity for everyone to ask questions and express their concerns and opinions.

People should expect quality assurance and improvement to be led well. The oversight of the quality assurance procedures including the results of audits completed and any data gathered should help to identify issues and inform changes that improve the overall standard of service provided. The provider needs to review these procedures to ensure that they are sufficient to support improvement activities and effectively embed changes in practice.

The outcome of audits should be reflected in the service's improvement plan to ensure that action is taken on any issues identified. The improvement plan should also take account of the outcome of complaints and adverse events.

The management team were in the early stages of assigning new roles and responsibilities within the staff team. This should help support and develop the staff team, promote accountability and ultimately improve the quality of service provided.

### Requirements

1. By 28 February 2025, the provider must demonstrate that there is consistent and effective management in place to support better outcomes for people living in the home, and that quality assurance and improvement is well led.

To do this, the provider must, at a minimum:

a) ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service

b) use feedback from people living in the home, their families and staff to inform service development

c) ensure that outcomes of audits, people's views and adverse events are used to inform a service improvement plan

d) review the service improvement plan regularly to ensure that actions detailed are effectively improving outcomes for people living in the home

This is to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should expect the right level of staffing and skill mix to meet their needs. The service had recently undergone considerable staff turnover including management. This had led to instability and uncertainty within the care home. The provider needs to ensure that the right level and skill mix of staff are deployed to ensure people's identified care needs are met accordingly.

We saw that due to the recent high staff turnover, the service was relying on agency staff to support staffing levels, but this did not always ensure the standard of care was as good as it should be. This meant at times people were having to wait for assistance.

We received comments from people living in the care home who expressed some concerns including "Takes a while to answer buzzers" and "You sometimes have to wait for attention when staff are busy."

We also received similar comments from relatives that we spoke to during our inspection visit, and in returned service questionnaires. These included:

- "Fantastic bunch of people, but a high turnover."
- "Staff are always friendly and welcoming and my relative has a good relationship with them, however turnover is high."
- "The staff are dedicated but at times there is not enough of them, and the ones that are there are over worked (more staff required)?"

There were many positive comments about the care staff describing them as caring, kind and approachable. However, this was tempered by concerns regarding the staffing levels, high staff turnover, change of management and use of agency staff. These all have the potential to negatively impact on the quality of care and support provided. The provider must address this to ensure people do not experience poor care outcomes. (See Requirement 1)

The service provider should continue to develop and build a consistent staff team to ensure that people consistently experience continuity in the care and support provided. (See Area of Improvement 1)

The management need to continue to implement effective staff supervision and support to ensure that staff have the opportunity for personal development, to identify training needs and ways the service can continue to develop and improve the quality of care and support provided. (See Area for Improvement 2)

### Requirements

1. By 28 February 2025, the provider must review the staffing assessment to ensure that there are sufficient numbers of staff deployed with the right skills and knowledge to support people.

To do this, the provider must, at a minimum:

a) consider the needs of people supported
b) take into account the layout of the building
c) consider other tasks which may impact on staffs ability to provide support
d) include feedback from all stakeholders.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: “My needs are met by the right number of people”(HSCS 3.15).

### Areas for improvement

1.
The provider should continue to develop the staff team to ensure consistency and continuity of care is delivered to people in living in the care home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "People have time to support and care for me and to speak with me" (HSCS 3.16) and "I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with" (HSCS 3.8).

2. The provider should continue to implement and develop staff supervision to ensure that staff are supported, motivated and helped to develop their skills and knowledge. This should include reflecting on practice and professional registration requirements including recognising learning and development opportunities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

## How good is our setting? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement

We found the care home environment to be clean, tidy and well presented and free from any offensive odours. The home had been nicely decorated in time for the Christmas and New Year festivities, which helped to create a welcoming and homely atmosphere.

However, some areas of the home were in need of some minor refurbishment and attention, such as the external garden areas, some carpets in need of replacement and other improvements that would enhance the environment.

For example, we noted that the maintenance person was adapting bedroom doors to make them more individual and personalised. However, this was being done whenever they had time between an already demanding workload of health and safety checks, repairs and other regular maintenance requirements.

The provider should continue to support the good standard of servicing and maintenance and continue to invest in the internal and external care home environment to ensure that the good standard that has been achieved is sustained. (See Area for Improvement 1)

We also noted that the domestic staff hours needed to be reviewed, as this had the potential to impact on the standard of cleanliness over time. However, we noted the domestic staff to be working hard to maintain the good standards we saw during our inspection and also interacting with people living in the care home in a dignified and friendly manner.

We discussed this with the senior management during feedback who were unaware of the domestic staffing situation, but immediately gave reassurances that this would be addressed. We have made a requirement under the Staffing key question for the provider to address this.

### Areas for improvement

1. The provider should continue to invest in the internal and external care home environment to ensure that people experience a high quality environment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment"(HSCS 5.22) and "My environment is secure and safe"(HSCS 5.17).

## How well is our care and support planned? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

It is important that care and support plans reflect the identified health and wellbeing needs of people living in the care home. This helps to ensure that all staff know the person and their individual care and support needs and can therefore provide continuity of care to those individuals.

We looked at care and support plans and found that the information detailed in the electronic care plan system implemented within the care home was variable. There was good clinical information with regards to people's assessed physical care needs and good descriptions and guidelines detailing staff interventions. This should be further improved.

We also advised that due to the high turnover of staff and reliance on agency, that the expectation that all staff were familiar with the individual's person centred care needs was unrealistic. The service therefore need to ensure other methods of sharing this information are implemented. This is to ensure that people are supported well and staff are familiar, comfortable and competent to provide the right kind of support to each person living the care home. (See Area for Improvement 1)

The interim management were aware of this issue and had progressed some actions to address this including the development of brief pen profiles. This helped to provide the most salient points of an individual's care needs as well as some personal history that would help staff support people in a more person centred way.

We noted that some plans had good detail and descriptions, as well as clear guidelines and advice for staff to follow in reducing stress and and distress.

We observed the staff team working well together between the shift handovers by sharing important information to ensure people's needs were addressed accordingly. (See Area for Improvement 2)

### Areas for improvement

1. The provider should ensure that personal plans are developed in consultation with the individual and their representatives to reflect a responsive, person-centred approach, taking account of individuals choices and preferences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. The service should continue to develop the consistency of the content of the electronic care plan system and ensure that all staff know the information regarding the individual support needs of the people they provide care and support to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

**Previous area for improvement 1**

So people can get the most out of life, people's individual plans to support meaningful activity should be given greater focus. Staff training to support this aspect should be developed so people experience a sense of worth and engagement with life appropriate to their own needs and wishes.

**This area for improvement was made on 4 May 2023.**

**Action taken since then**

People we spoke to during this inspection and feedback from relatives told us that they had activities and were kept busy. We received appreciative comments about the activity person who worked hard and demonstrated an enthusiastic approach to supporting people to remain active and enjoy social and recreational activities. There were a range of activities on offer.

Staff were observed to be respectful and kind knowing their residents well. The service should continue to review and develop how people are supported to ensure that everyone has the same opportunities to engage in activities that are meaningful to them.

This area of improvement has been met.

**Previous area for improvement 2**

So people benefit from comprehensive holistic health assessment which promotes management of long term medical conditions and have opportunities to make decision about future care, improvements should be made to completion of:

- pre-admission assessment
- confirmation of current medical conditions/history
- robust use of health related risk assessment and corresponding plans of care
- future care plans to be used consistently for everyone and summary recorded on electronic key information summary (E-KIS) at GP practice.

**This area for improvement was made on 4 May 2023.**

**Action taken since then**

We saw that the service had implemented actions including:

Preadmission assessments are completed for each residents prior to admission. Relevant medical history is recorded on the electronic care planning system known as Person Centred Service or (PCS). Clear and comprehensive guidance for staff on managing health conditions and risks on PCS as evidenced in notebook. Future plans are available for the majority of people being supported. The patient information system known as (Ekis) is under the control of the GP surgery. There were good links with the Advanced Nurse Practitioner (ANP) who does weekly reviews in home. We spoke to one nurse visiting the home who was undertaking insulin and other medical checks on individual's health care requirements.

This area improvement has been met.

### Previous area for improvement 3

So improvement drives change staff roles and accountability, for leads and 'champions' should be made clearer with the objective of:

• carrying out self-evaluation on specific areas more regularly

• using national frameworks such as 'Promoting excellence' or 'Palliative and End of Life care' framework more effectively

• demonstrating use of best practice and guidance such as infection control manual or national cleaning schedules.

• use of resources such as 'Step into leadership' to enhance staff skills and supervision practices.

**This area for improvement was made on 4 May 2023.**

#### Action taken since then

During this inspection we noted that the service is currently undergoing considerable challenges in relation to delivering and maintaining staffing levels. There has also been recent turnover in staff and management, which again has affected the overall quality of service provided. The service has not been able to fully address this area of improvement.

This area of improvement is not met.

### Previous area for improvement 4

So people's needs can be met with dignity, the numbers of staff and deployment should be reviewed to cover the 06:00 - 08:00 period effectively. Other times of the day should be monitored and action taken responsively.

**This area for improvement was made on 4 May 2023.**

#### Action taken since then

The service is undergoing challenges in relation to ensuring that staff are deployed at the level required to meet the needs of the people in the care home. We recognise that the provider has been utilising agency staff to provide staff in numbers but this has limited impact on meeting the more person centred standard of care, as agency staff have limited knowledge of individual's preferences and needs.

This area of improvement is not met.

### Previous area for improvement 5

So people benefit from strong relationships to support effective personal planning approaches, a named worker or key worker role should be allocated in consultation with each individual.

**This area for improvement was made on 4 May 2023.**

#### Action taken since then

The service is struggling to maintain enough staff in numbers and with the right knowledge of individual's living in the care home to implement an effective named worker or key worker role. There is new management in place and they are currently in the process of reviewing the best way forward to manage the staff team.

This area of improvement is not met.

### Previous area for improvement 6

So people benefit from smaller group living, review of communal spaces should take place to support this better.

**This area for improvement was made on 4 May 2023.**

#### Action taken since then

We saw that there were several communal spaces which were well presented and welcoming with nicely presented Christmas decorations. There are additional facilities such as cafe and quiet lounge which are used for group activities and time out for people from busy environments. The main lounge area seating was arranged in smaller groups and made full use of the lovely panoramic views across the countryside down to the Solway Firth.

This area of improvement has been met.

### Previous area for improvement 7

So people can be involved in decisions about their care, methods of sharing personal plans and demonstrating meaningful involvement with agreed legal representatives at reviews should take place.

**This area for improvement was made on 4 May 2023.**

#### Action taken since then

We reviewed the information on the electronic care planning system the care home utilises knows as (PCS). We noted this contained information on family members and legal representatives with information on what they are responsible for.

We reviewed this documentation and saw this demonstrated involvement of family members and representatives in the decision making process, gathering and sharing of information and on any changes or developments in the persons' care and support needs.

This area of improvement has been met.

### Previous area for improvement 8

To ensure people have a well balanced nutritional intake, the service provider should ensure when necessary, there are accurate records of people's food and fluid intake. In addition the care provider should ensure accurate recording of communications with external professionals, where changes occur to a person's dietary needs these should be accurately recorded and updated and regularly reviewed in care plan records.

**This area for improvement was made on 17 July 2024.**

#### Action taken since then

We observed the mealtime experience for people and noted people being offered choices and assistance when required. The quality of the meals prepared was good and feedback from people was generally positive. We noted staff were busy and could be better organised and that staffing levels could be improved to ensure a better mealtime experience for people.

We discussed with the management the recording of nutritional and fluid intake needs to focus on individuals with whom they have concerns or have been identified as requiring more focused monitoring rather attempting to record every individual's intake and output.

This area of improvement has been met.

### Previous area for improvement 9

To ensure individuals and their families have confidence in the service the care provider should offer reassurances by sharing information when there are changes to individuals care and support needs. The care provider should ensure recording systems are implemented that will capture communication with families. In addition the care provider should ensure internal communication systems used to share information regarding people's health and well-being are effective and well documented.

**This area for improvement was made on 17 July 2024.**

#### Action taken since then

During our inspection the senior management from the provider organisation, acting manager and temporary managers had organised meetings for residents and their families to discuss and share information about the plans to progress in light of the recent staff turnover and management changes.

We reviewed care planning records and spoke to people living in the care home and some visiting relatives. We saw that individuals were involved in the care planning process and that communication with families was recorded.

This area of improvement has been met.

### Previous area for improvement 10

To ensure people's health and well-being needs are met the care provider should ensure any changes to an individual's needs are recorded and evaluated, care plan's should contain accurate, up to date and detailed information about the support a person experiencing care requires. This is to guide staff in meeting the needs of individuals and to provide accurate care and support.

**This area for improvement was made on 17 July 2024.**

#### Action taken since then

We could see that people living in the care home and their relatives were involved in the care planning process. This involved attending review meetings and being updated promptly on any changes or developments regarding their loved ones care and in attending reviews and updates.

The new management of the care home should continue to ensure that people and their relatives are involved in the review and evaluation process and provide people with the opportunity to have their say and opinions heard. Including keeping up regular communication regarding any changes or developments in an individual's care and support needs.

This area of improvement has been met.

### Previous area for improvement 11

In order to provide responsive care and support the care provider should ensure at all times there are suitably qualified and competent persons working in the care service in such numbers as are appropriate to ensure the health, welfare and safety needs of people experiencing care. The manager should also ensure staff are effectively deployed to meets the needs of individuals in a timely manner.

**This area for improvement was made on 17 July 2024.**

#### Action taken since then

Due to the recent changes in management of the care home including high turnover of staff. Whilst the provider organisation has responded with temporary management cover from other care homes and reliant on agency in attempting to maintain staffing levels, this area of improvement still needs to be addressed satisfactorily.

This area of improvement is not met.

## Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

## Detailed evaluations

| How well do we support people's wellbeing? | 3 - Adequate |
|---|---|
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 5 - Very Good |

| How good is our leadership? | 3 - Adequate |
|---|---|
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |

| How good is our staff team? | 3 - Adequate |
|---|---|
| 3.3 Staffing arrangements are right and staff work well together | 3 - Adequate |

| How good is our setting? | 4 - Good |
|---|---|
| 4.1 People experience high quality facilities | 4 - Good |

| How well is our care and support planned? | 3 - Adequate |
|---|---|
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 3 - Adequate |

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